

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10743470**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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35	1					
36		10				
37		10				
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43		10				
44		10				
45		10				
46		10				
47		10				
48		10				
49		10				
50		10				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		10				
52		10				
53		10				
54		10				
55		10				
56		10				
57		10				
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98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						